

INDEPENDENT POLICE REVIEW AUTHORITY

Log # 1049115

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com.**Webb OFFICIAL 1049115**

Postage	\$	3
Certified Fee	\$	2
Return Receipt Fee (Endorsement Required)	\$	0
Restricted Delivery Fee (Endorsement Required)	\$	0
Total Postage & Fees	\$	5

Postmark
Here

PS Form 3800, June 2002

See Reverse for Instructions

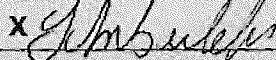
SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number
(Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-30

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Attachment # 47